

**SECTION IV-A**  
**VOLUNTARY TREATMENT PERFORMANCE MEASURES**

**INSTRUCTIONS**

**TREATMENT MEASURES**

**Data is requested on the following forms:**

Form T1 – Employment Status

Form T2 – Living Status

Form T3 – Criminal Justice Involvement

Form T4 – Alcohol Use

Form T5 – Other Drug Use

Form T6 – Social Support of Recovery

Form T7 - Retention

### **GENERAL INSTRUCTIONS FOR VOLUNTARY FORMS T1-T7:**

The following set of instructions and optional forms are available for States to complete **on a voluntary basis**. It is understood that, at the current time, not all States have the infrastructure in place that supports the reporting of such data. By participating on a voluntary basis, States can communicate their current capacity to report on the proposed SAPTBG supported program performance measures and will thus help inform future activities leading towards full implementation of the performance-based Block Grant Program.

1. Include all “Primary Clients” who received services from treatment programs that received some or all of their funding from the Substance Abuse Prevention and Treatment Block Grant. Do not include family members or other persons collaterally involved in the clients’ treatment. Include only persons actually admitted to treatment, excluding those who received detoxification, outreach, early intervention or assessment/Central Intake services but who did not enter treatment. A State may wish to report on specific modalities or populations separately such as outpatient, residential and opiate replacement therapy or treatment completers versus non-completers. The State is asked to clearly identify how and why such distinctions are made. The State should discuss how it addressed tracking clients receiving opiate replacement therapy/pharmacotherapy in their State and provide a description in the State Description of Data Collection form.
2. Report data for the most recent State Fiscal Year for which the data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State is reporting SAPT Block Grant expenditures in the application being submitted. Indicate the State Fiscal Year chosen for reporting in the appropriate place on the form.
3. Report data on all clients who have a discharge record in the reporting year. All clients with treatment periods that ended in the reporting year (i.e., clients who did not receive subsequent treatment in 30 days) should have a discharge record.
4. Please complete each form if possible.
5. Forms T1-T6 collect data on the number and percent of clients for the characteristics of interest (i.e., employment status, homelessness, etc.) at admission and discharge. If possible, the State should report based on Treatment Episode. In Episode based reporting, admission is defined as occurring on the first date of service in a program/service delivery unit prior to which no services have been received from any program/service delivery unit for 30 days. Discharge is defined as occurring on the last date on which the client received service from a program/service delivery unit, subsequent to which the client received no services from any program/service delivery unit for 30 days. For example, a client may present for detoxification 29 days after being discharged from an intensive outpatient program. If possible, that client’s treatment in detoxification and subsequent levels of care, if any, should be linked to the prior service(s) record(s) up to the point where a client had an uninterrupted 30 day period in

which no services were received. If a client presented for treatment 32 days after being discharged from a previous treatment service, a new episode of care would begin.

*If a State is unable to report on an episode basis, it should report the basis it has used for producing the reported data. For example, the State may only be able to report data based on Modalities/Levels of Care. The State should also discuss the specific approach used to define admission and discharge within this framework.*

6. For each table, please respond to the questions related to data source, e.g., how admission and discharge basis are defined, how admission and discharge data are collected, how admission and discharge data are linked, and whether or not the State is able to collect such data.

**FORM T1– TREATMENT PERFORMANCE MEASURE  
EMPLOYMENT STATUS (From Admission to Discharge)**

**Most recent State fiscal year for which data are available:** \_\_\_\_\_

Employment Status – Clients employed (full-time or part-time) (prior 30 days) at admission vs. discharge	Admission Clients (T <sub>1</sub> )	Discharge Clients (T <sub>2</sub> )
Number of clients employed (full-time and part-time) [numerator]		
Total number of clients with non-missing values on employment status [denominator]		
Percent of clients employed (full-time and part-time)		
Percent of clients employed (full-time or part-time) at discharge minus percent of clients employed at admission. Absolute Change [%T <sub>2</sub> -%T <sub>1</sub> ] _____ Relative Change [(%T <sub>2</sub> -%T <sub>1</sub> )/% T <sub>1</sub> ] x 100 _____ (Positive percent change values indicate increased employment)		

Note: If Web-BGAS is used, the absolute percentage point change and relative per cent change will be calculated automatically.

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T1.1</b> What is the source of data for this table? (Select all that apply)	<input type="checkbox"/> Client Self Report <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Other: Specify _____
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<b>T1.2</b> How is Admission/ Discharge Basis defined? (Select one)	<input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/ Service Delivery Unit AND Discharge is on the last date of service in a Program/ Service Delivery Unit <input type="checkbox"/> Other: Specify _____
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<b>T1.3</b> How was the discharge data collected? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported on form is collected at time period other than discharge → Specify: <input type="checkbox"/> In-Treatment data _____ days post admission OR <input type="checkbox"/> Follow-up data _____ months. Post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are <i>created</i> for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment Specify proportion of admitted clients with a discharge record: _____ %
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<b>T1.4</b> Was the admission and discharge data linked? (Select all that apply)	<input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching
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<b>T1.5</b> Why are you Unable to Report? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported above <input type="checkbox"/> Information is not collected at Admission <input type="checkbox"/> Information is not collected at Discharge <input type="checkbox"/> Information not collected by categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure <input type="checkbox"/> Other: Specify _____
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**Performance Measure Data Collection**  
**Interim Standard – Change in Employment Status**  
**(from Admission to Discharge)**

GOAL	To improve the employment status of persons treated in the State's substance abuse treatment system.
MEASURE	The change in <i>all clients receiving treatment</i> who reported being employed (including part-time) at discharge.
DEFINITIONS	Change in <i>all clients receiving treatment</i> who reported being employed (including part-time) at admission and discharge.

**For example:**

If the State enters data such as is entered in the table below, the data can be used to calculate both an absolute percentage point change and a relative change.

<b>Employment Status - Clients employed (full-time and part-time) (prior 30 days) at admission vs. discharge</b>	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>	<b>Difference</b>
Number of clients employed (full-time and part-time) [numerator] [e.g., TEDS codes 01 and 02]	12,876	13,598	
Total number of clients with non-missing values on employment status [denominator] [e.g., any valid TEDS codes 01-04, x 97-98]	26,208	26,208	
Percent of clients employed (full-time and part-time)	49.1%	51.9%	2.8%

Thus there was a 2.8 percentage point increase (absolute change) in the proportion of clients employed.

$$[%T_2 - \%T_1] [51.9\% - 49.1\%] = 2.8\%$$

The relative increase in the proportion of clients employed is 5.7 percent.

$$[(\%T_2 - \%T_1) / \%T_1] \times 100 [(51.9\% - 49.1\%) / 49.1\%] \times 100 = 5.7\%$$

HEALTHY PEOPLE 2010 OBJECTIVES	Related to Objective 26-8 (Developmental): Reduce the cost of lost productivity in the workplace due to alcohol and drug use.
INTERIM STANDARD FOR DATA COLLECTION	<p>Data related to employment status should be collected using the relevant Treatment Episode Data Set (TEDS) element at admission and discharge. States report on number and proportion of clients employed from the 30 days preceding admission to treatment, to the 30 days preceding discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.</p> <p>“Employed” includes those employed full time (35 or more hours per week) and part time (less than 35 hours per week). <b>Exclude those not in the labor force, including, homemakers, students, those disabled, retired persons, those not looking for work in the last 30 days and those in institutions.</b></p>
DATA SOURCE(S)	Primary data collection based on State standard for admission and discharge client data (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.).
DATA ISSUES	State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.
FORM	T1

**State Description of Employment Status Data Collection (Form T1)**

GOAL	To improve the employment status of persons treated in the States substance abuse treatment systems.
MEASURE	The change in <i>all clients receiving treatment</i> who reported being employed (including part-time) at discharge
STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p> <p>State collects admission data.</p> <p>YES _____ NO _____</p> <p>State collects discharge data.</p> <p>YES _____ NO _____</p> <p>State collects admission and discharge data on employment that can be reported using TEDS definitions.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing employment status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T2-TREATMENT PERFORMANCE MEASURE  
HOMELESSNESS: Living Status (From Admission to Discharge)**

**Most recent State fiscal year for which data are available:** \_\_\_\_\_

Homelessness – Clients homeless (prior 30 days) at admission vs. discharge	Admission Clients (T <sub>1</sub> )	Discharge Clients (T <sub>2</sub> )
Number of clients homeless [numerator]		
Total number of clients with non-missing values on living arrangements [denominator]		
Percent of clients homeless		
Percent of clients homeless at discharge minus percent of clients homeless at admission Absolute Change [%T <sub>2</sub> -%T <sub>1</sub> ] _____ Relative Change [(%T <sub>2</sub> -%T <sub>1</sub> )/% T <sub>1</sub> ] x 100 _____ Negative percent change values indicate reduced homelessness		

Note: If Web-BGAS is used, the absolute percentage point change and relative per cent change will be calculated automatically.

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T2.1</b> <input type="checkbox"/> Client Self Report What is the source of data for this table? (Select all that apply) <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Other: Specify _____	
<b>T2.2</b> <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days How is Admission/ Discharge Basis defined? (Select one) <input type="checkbox"/> Admission is on the first date of service in a Program/ Service Delivery Unit AND Discharge is on the last date of service in a Program/ Service Delivery Unit <input type="checkbox"/> Other: Specify _____	
<b>T2.3</b> How was the discharge data collected? (Select all that apply) <input type="checkbox"/> Not Applicable, data reported on form is collected at time period other than discharge → Specify: <input type="checkbox"/> In-Treatment data ____ days post admission OR <input type="checkbox"/> Follow-up data ____ months. Post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment Specify proportion of admitted clients with a discharge record: _____%	
<b>T2.4</b> Was the admission and discharge data linked? (Select all that apply) <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching	
<b>T2.5</b> Why are you Unable to Report? (Select all that apply) <input type="checkbox"/> Not Applicable, data reported above <input type="checkbox"/> Information is not collected at Admission <input type="checkbox"/> Information is not collected at Discharge <input type="checkbox"/> Information not collected by categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure <input type="checkbox"/> Other: Specify _____	



**Performance Measure Data Collection**  
**Interim Standard – Number of Clients and Change in Homelessness (Living Status)**

GOAL	To improve living conditions of persons treated in the State's substance abuse treatment system.
MEASURE	The change of <i>all clients receiving treatment</i> who reported being homeless at discharge.
DEFINITIONS	Change of <i>all clients receiving treatment</i> who reported being homeless at discharge equals the clients reporting being homeless at admission subtracted from the clients reporting being homeless at discharge.

**For example:**

If the State enters data such as is entered in the table below, the data can be used to calculate both an absolute percentage point change and a relative change.

Homelessness - Clients homeless (prior 30 days) at admission vs. discharge	Admission Clients (T <sub>1</sub> )	Discharge Clients (T <sub>2</sub> )	Difference
Number of clients homeless [numerator] [e.g. TEDS supplemental code 01]	1,056	900	Absolute Change
Total number clients with non-missing values on living arrangements [denominator] [e.g. TEDS supplemental codes 01-03 x 97-98]	29,033	29,033	
Percent of clients homeless	3.6%	3.1%	-0.5%

Thus, there was 0.5 percentage point decrease (absolute change) in the proportion of clients who were homeless.

$$[%T_2 - \%T_1] \quad [3.1\% - 3.6\%] = -0.5\%$$

The relative decrease in the proportion of clients who were homeless is 13.8 percent.

$$[(\%T_2 - \%T_1) / \%T_1] \times 100 \quad [(3.1\% - 3.6\%) / 3.6\%] \times 100 = -13.8\%$$

HEALTHY PEOPLE  
2010 OBJECTIVES

No Related Objectives

INTERIM  
STANDARD FOR  
DATA COLLECTION

Data related to living status should be collected using the relevant Treatment Episode Data Set (TEDS) element at admission and discharge. The reported measure will reflect differences in homelessness at admission to treatment, and at discharge. States should track client-level data by matching admission to discharge records through a unique statewide client ID.

TEDS defines homeless as clients with no fixed address; includes shelters.

*Continued on next page >*

Dependent living (at risk for being homeless) is defined as clients living in a supervised setting such as a residential institution, halfway house or group home.

DATA SOURCE(S)	Primary data collection based on State standard for admission and discharge client data (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.).
DATA ISSUES	State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.
FORM	T2

**State Description of Homelessness (Living Status) Data Collection (Form T2)**

GOAL	To improve living conditions of persons treated in the State's substance abuse treatment system.
MEASURE	The change in <i>all clients receiving treatment</i> who reported being homeless at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p> <p>State collects admission data.</p> <p>YES _____ NO _____</p> <p>State collects discharge data.</p> <p>YES _____ NO _____</p> <p>State collects admission and discharge data on living status that can be reported using TEDS definitions.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing living status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T3– TREATMENT PERFORMANCE MEASURE  
CRIMINAL JUSTICE INVOLVEMENT (From Admission to Discharge)**

**Most recent State fiscal year for which data are available: \_\_\_\_\_**

Arrests – Clients arrested (any charge) (prior 30 days) at admission vs. discharge	Admission Clients (T <sub>1</sub> )	Discharge Clients (T <sub>2</sub> )
Number of Clients arrested [numerator]		
Total number of clients with non-missing values on arrests [denominator]		
Percent of clients arrested		
Percent of clients arrested at discharge minus percent of clients arrested at admission Absolute Change [%T <sub>2</sub> -%T <sub>1</sub> ] _____ Relative Change [(%T <sub>2</sub> -%T <sub>1</sub> )/%T <sub>1</sub> ] x 100 _____ Negative percent change values indicate reduced arrests		

Note: If Web-BGAS is used, the absolute percentage point change and relative per cent change will be calculated automatically.

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T3.1</b> What is the source of data for this table? (Select all that apply)	<input type="checkbox"/> Client Self Report <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Other: Specify _____
<b>T3.2</b> How is the Admission/Discharge Basis defined? (Select one)	<input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/ Service Delivery Unit AND Discharge is on the last date of service in a Program/ Service Delivery Unit <input type="checkbox"/> Other: Specify _____
<b>T3.3</b> How was the discharge data collected? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported on form is collected at time period other than discharge →Specify: <input type="checkbox"/> In-Treatment data _____ days post admission OR <input type="checkbox"/> Follow-up data _____ months. Post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are <i>created</i> for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: _____ %
<b>T3.4</b> Was the admission and discharge data linked? (Select all that apply)	<input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching
<b>T3.5</b> Why are you Unable to Report?	<input type="checkbox"/> Not Applicable, data reported above <input type="checkbox"/> Information is not collected at Admission <input type="checkbox"/> Information is not collected at Discharge <input type="checkbox"/> Information not collected by categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure <input type="checkbox"/> Other: Specify _____

**Performance Measure Data Collection**  
**Interim Standard –Change of Persons Arrested**

GOAL	To reduce the criminal justice involvement of persons treated in the State's substance abuse treatment system.
MEASURE	The change in persons arrested in the last 30 days at discharge for <i>all clients receiving treatment</i> .
DEFINITIONS	Change in persons arrested in the last 30 days at discharge for <i>all clients receiving treatment</i> equals clients who were arrested in the 30 days prior to admission subtracted from clients who were arrested in the last 30 days at discharge. An arrest is any arrest.

**For Example:**

If the State enters data such as is entered in the table below, the data can be used to calculate both an absolute percentage point change and a relative change.

Arrests - Clients arrested (any charge) (prior 30 days) at admission vs. discharge	Admission Clients (T <sub>1</sub> )	Discharge Clients (T <sub>2</sub> )	Difference Absolute Change
Number of clients arrested at admission vs. discharge [numerator] [no TEDS equivalent, see Access to Recovery (ATR) Request for Applications (RFA), Appendix C]	1,617	757	
Total number of Admission and Discharge clients with non-missing values on arrests [denominator] [no TEDS equivalent, see ATR RFA Appendix C.]	27,789	27,789	
Percent of clients arrested at admission vs. discharge	5.8%	2.7%	-3.1%

Thus, there was a 3.1 percentage point decrease (absolute change) in the proportion of clients arrested 30 days prior to discharge.

$$[%T_2 - \%T_1] \quad [2.7\% - 5.8\%] = -3.1\%$$

The relative decrease in the proportion of clients arrested 30 days prior to discharge is 53.45 percent.

$$[(\%T_2 - \%T_1) / \%T_1] \times 100 \quad [(2.7\% - 5.8\%) / 5.8\%] \times 100 = -53.45\%$$

**HEALTHY PEOPLE  
2010 OBJECTIVES**

Related to Objective 26-8 (Developmental): Reduce the cost of lost productivity in the workplace due to alcohol and drug use. For drug abuse, most (56 percent) of the estimated productivity losses were associated with crime, including incarcerated perpetrators (26 percent) of drug-related crime.

INTERIM STANDARD FOR DATA COLLECTION	<p>States will collect information on the clients with at least one arrest (a dichotomous response item: arrested – yes/no) in the 30 days preceding admission to treatment and the percentage of clients with at least one arrest in the 30 days prior at discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.</p> <p>A client who has one or more arrest counts (not charges) in the past 30 days, is included in this measure.</p>
DATA SOURCE(S)	Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)
DATA ISSUES	State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.
FORM	T3

**State Description of Number of Arrests Data Collection (Form T3)**

GOAL	To reduce the criminal justice involvement of persons treated in the State's substance abuse treatment system.
MEASURE	The change in persons arrested in the last 30 days at discharge for <i>all clients receiving treatment</i> .
STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p> <p>State collects admission data.</p> <p>YES _____ NO _____</p> <p>State collects discharge data.</p> <p>YES _____ NO _____</p> <p>State collects admission and discharge data on criminal justice involvement that can be reported as a Yes/No response.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues: States will need to discuss if information on all arrests is not available.
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing arrest data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T4– PERFORMANCE MEASURE**  
**CHANGE IN ABSTINENCE – ALCOHOL USE (From Admission to Discharge)**

**Most recent State fiscal year for which data are available:** \_\_\_\_\_

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission. vs. discharge.	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of clients abstinent from alcohol [numerator]		
Total number of clients with non-missing values on “used any alcohol” variable [denominator]		
Percent of clients abstinent from alcohol		
Percent of clients abstinent from alcohol at discharge minus percent of clients abstinent from alcohol at admission Absolute Change [%T <sub>2</sub> -%T <sub>1</sub> ] _____ Relative Change [(%T <sub>2</sub> -%T <sub>1</sub> )/%T <sub>1</sub> ] x 100 _____ (Positive percent change values indicate increased alcohol abstinence)		

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

Note: If Web-BGAS is used, the absolute percentage point change and relative per cent change will be calculated automatically.

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T4.1</b> What is the source of data for this table? (Select all that apply)	<input type="checkbox"/> Client Self Report <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Client Self Report confirmed by another source. <input type="checkbox"/> If checked, select one confirmation source: <input type="checkbox"/> Urinalysis, blood test or other biological assay <input type="checkbox"/> Collateral source <input type="checkbox"/> Other: Specify _____
<b>T4.2</b> How is Admission/ Discharge Basis defined? (Select one)	<input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/ Service Delivery Unit AND Discharge is on the last date of service in a Program/ Service Delivery Unit <input type="checkbox"/> Other: Specify _____	
<b>T4.3</b> How was the discharge data collected? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported on form is collected at time period other than discharge →Specify: <input type="checkbox"/> In-Treatment data _____ days post admission OR <input type="checkbox"/> Follow-up data ____ months. Post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are <i>created</i> for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: _____ %	
<b>T4.4</b> Was the admission and discharge data linked? (Select all that apply)	<input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching	
<b>T4.5</b> Why are you Unable to Report? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported above <input type="checkbox"/> Information is not collected at Admission <input type="checkbox"/> Information not collected by categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure <input type="checkbox"/> Other: _____	



**Performance Measure Data Collection**  
**Interim Standard – Percentage Point Change in Abstinence - Alcohol Use**

GOAL	To reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in <i>all clients receiving treatment</i> who reported abstinence at discharge.
DEFINITIONS	Change in <i>all clients receiving treatment</i> who reported abstinence at discharge equals clients reporting abstinence at admission subtracted from clients reporting abstinence at discharge.

**For example:**

If the State enters data such as is entered in the table below, the data can be used to calculate both an absolute percentage point change and a relative change.

<b>Alcohol Abstinence - Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge</b>	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>	<b>Difference</b>
			<b>Absolute Change</b>
Number of clients abstinent from alcohol [numerator] [e.g., TEDS code 01 - no use]	13,530	19,436	
Total number of clients with non-missing values on "used any alcohol" variable [denominator] [e.g., TEDS codes 01-05, x 96-98]	27,658	27,658	
Percent of clients abstinent from alcohol	48.9%	70.3%	+21.4%

Thus, there was a 21.4 percentage point increase (absolute change) in the proportion of clients who abstained from alcohol 30 days prior to discharge.

$$[%T_2 - \%T_1] \quad [70.3\% - 48.9\%] = 21.4\%$$

The relative increase in abstinence from alcohol use is 43.8 percent.

$$[(\%T_2 - \%T_1) / \%T_1] \times 100 \quad [(70.3\% - 48.9\%) / 48.9\%] \times 100 = 43.8\%$$

HEALTHY PEOPLE 2010 OBJECTIVES	Related to: Objective 26-9: Increase the age and proportion of adolescents who remain alcohol and drug free; Objective 26-10: Reduce past month use of illicit substances; Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages; and Objective 26-12: Reduce average annual alcohol consumption.
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INTERIM STANDARD FOR DATA COLLECTION	Data related to alcohol use should be collected using the relevant Treatment Episode Data Set (TEDS) elements at admission and discharge to identify primary, secondary, and tertiary alcohol use and the associated frequency of use data. The reported measure will reflect differences in abstinence in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge
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records through a unique statewide client ID.

Abstinence from alcohol use is defined as no past month use of alcohol.

DATA SOURCE(S)

Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)

DATA ISSUES

State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.

FORM

T4

**State Description of Alcohol Use Data Collection (Form T4)**

GOAL	To reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change of <i>all clients receiving treatment</i> who reported abstinence at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	<p>State should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p> <p>State collects admission data.</p> <p>YES _____ NO _____</p> <p>State collects discharge data.</p> <p>YES _____ NO _____</p> <p>State collects admission and discharge data on alcohol use that can be reported using TEDS definitions.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing alcohol use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T5– PERFORMANCE MEASURE  
CHANGE IN ABSTINENCE -- OTHER DRUG USE (From Admission to Discharge)**

**Most recent State fiscal year for which data are available:** \_\_\_\_\_

	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge.		
Number of Clients abstinent from illegal drugs [numerator]		
Total number of clients with non-missing values on “used any drug” variable [denominator]		
Percent of clients abstinent from drugs		
Percent of clients abstinent from drugs at discharge minus percent of clients abstinent from drugs at admission Absolute Change [%T <sub>2</sub> -%T <sub>1</sub> ] _____ Relative Change [(%T <sub>2</sub> -%T <sub>1</sub> )/%T <sub>1</sub> ] x 100 _____ Positive percent change values indicate increased drug abstinence.		

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g. TEDS Codes 03-20)

Note: If Web-BGAS is used, the absolute percentage point change and relative per cent change will be calculated automatically.

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T5.1</b> What is the source of data for this table? (Select all that apply)	<input type="checkbox"/> Client Self Report <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Client Self Report confirmed by another source. <input type="checkbox"/> If checked, select one confirmation source: <input type="checkbox"/> Urinalysis, blood test or other biological assay <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Collateral source <input type="checkbox"/> Other: Specify _____
<b>T5.2</b> How is Admission/ Discharge Basis defined? (Select one)	<input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND Discharge is on the last date of service, subsequent to which no service has been received for 30 days <input type="checkbox"/> Admission is on the first date of service in a Program/ Service Delivery Unit AND Discharge is on the last date of service in a Program/ Service Delivery Unit <input type="checkbox"/> Other: Specify _____
<b>T5.3</b> How was the discharge data collected? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported on form is collected at time period other than discharge <input type="checkbox"/> Specify: <input type="checkbox"/> In-Treatment data ___ days post admission OR <input type="checkbox"/> Follow-up data ___ months. Post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are directly collected (or in the case of early dropouts) are <i>created</i> for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment Specify proportion of clients without a discharge record: _____ %
<b>T5.4</b> Was the admission and discharge data linked? (Select all that apply)	<input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching
<b>T5.5</b> Why are you Unable to Report? (Select all that apply)	<input type="checkbox"/> Not Applicable, data reported above <input type="checkbox"/> Information is not collected at Admission <input type="checkbox"/> Information is not collected at Discharge <input type="checkbox"/> Information not collected by categories requested <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure <input type="checkbox"/> Other: Specify _____

**Performance Measure Data Collection**  
**Interim Standard – Percentage Point Change in Abstinence – Other Drug Use**

GOAL	To reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change of <i>all clients receiving treatment</i> who reported abstinence at discharge.
DEFINITIONS	Change in <i>all clients receiving treatment</i> who reported abstinence at discharge equals clients reporting abstinence at admission subtracted from clients reporting abstinence at discharge.

**For example:**

If the State enters data such as is entered in the table below, the data can be used to calculate both an absolute percentage point change and a relative change.

<b>Drug Abstinence - Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge</b>	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>	<b>Difference</b>
			<b>Absolute Change</b>
Number of clients abstinent from illegal drugs [numerator] [e.g., TEDS code 01 - no use]	18,741	21,707	
Total number of Admission and Discharge clients with non-missing values on "used any drug" variable [denominator] [e.g., TEDS codes 01-05, x 96-98]	27,668	27,668	
Percent of clients abstinent from drugs	67.7%	78.5%	10.8%

Thus, there was a 10.9 percentage point increase (absolute change) in the proportion of clients who used other drugs 30 days prior to discharge.  
 $[\%T_2 - \%T_1] \quad [78.5\% - 67.7\%] = 10.8\%$

The relative increase in abstinence from use of other drugs is 16 percent.  
 $[(\%T_2 - \%T_1) / \%T_1] \times 100 \quad [(78.5\% - 67.7\%) / 67.7\%] \times 100 = 16\%$

HEALTHY PEOPLE 2010 OBJECTIVES      Related to Objective 26-10: Reduce past-month use of illicit substances.

INTERIM STANDARD FOR DATA COLLECTION      Data related to other drug use should be collected using the relevant Treatment Episode Data Set (TEDS) elements at admission and discharge to identify primary, secondary, and tertiary other drug use and the associated frequency of use data. The reported measure will reflect differences in abstinence in the 30 days preceding admission to AOD treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique statewide client ID.

Abstinence from other drug use is defined as no past month use of other drugs.

DATA SOURCE(S)	Primary data collection based on State standard for admission and discharge client data. (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.)
DATA ISSUES	State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.
FORM	T5

**State Description of Other Drug Use Data Collection (Form T5)**

GOAL	To reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in <i>all clients receiving treatment</i> who reported abstinence at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p> <p>State collects admission data.</p> <p>YES _____ NO _____</p> <p>State collects discharge data.</p> <p>YES _____ NO _____</p> <p>State collects admission and discharge data on other drug use that can be reported using TEDS definitions.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing other drug use data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T6 – PERFORMANCE MEASURE  
CHANGE IN SOCIAL SUPPORT OF RECOVERY (From Admission to Discharge)**

**Most recent State fiscal year for which data are available:** \_\_\_\_\_

Social Support of Recovery – Clients participating in self-help groups, support groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>
Number of clients with one or more such activities (AA NA meetings attended, etc.) [numerator]		
Total number of Admission and Discharge clients with non-missing values on social support activities [denominator]		
Percent of clients participating in social support activities		
Percent of clients participating in social support of recovery activities in prior 30 days at discharge minus percent of clients participating in social support of recovery activities in prior 30 days at admission. Absolute Change [%T <sub>2</sub> -%T <sub>1</sub> ] _____ Relative Change [(%T <sub>2</sub> -%T <sub>1</sub> )/% T <sub>1</sub> ] x 100 _____ Positive percent change values indicate increased participation in social support of recovery activities.		

Note: If Web-BGAS is used, the absolute percentage point change and relative per cent change will be calculated automatically.

**THE SECTION BELOW SHOULD BE COMPLETED AT THE TIME DATA IS ENTERED IN THE TABLE ABOVE**

<b>T7.1</b> <input type="checkbox"/> Client Self Report What is the source of data for this table? (Select all that apply) <input type="checkbox"/> Administrative Data Source <input type="checkbox"/> Other: Specify _____	
<b>T7.2</b> <input type="checkbox"/> Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days How is Admission/ Discharge Basis defined? (Select one) <input type="checkbox"/> Admission is on the first date of service in a Program/ Service Delivery Unit AND Discharge is on the last date of service in a Program/ Service Delivery Unit <input type="checkbox"/> Other:Specify _____	
<b>T7.3</b> <input type="checkbox"/> Not Applicable, data reported on form is collected at time period other than discharge How was the discharge data collected? (Select all that apply) <input type="checkbox"/> Specify: <input type="checkbox"/> In-Treatment data _____ days post admission OR <input type="checkbox"/> Follow-up data _____ months. Post <input type="checkbox"/> admission <input type="checkbox"/> discharge <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge data is collected for a sample of all clients who were admitted to treatment <input type="checkbox"/> Discharge records are collected (or in the case of early dropouts) <i>created</i> for all (or almost all) clients who were admitted to treatment <input type="checkbox"/> Discharge records are NOT completed for some clients who were admitted to treatment. Specify proportion of clients without a discharge record: _____ %	
<b>T7.4</b> <input type="checkbox"/> Yes, all clients at admission were linked with discharge data using a Unique Client ID (UCID). Select type of UCID: <input type="checkbox"/> Master Client Index or Master Patient Index, centrally assigned <input type="checkbox"/> Social Security Number <input type="checkbox"/> Unique client ID based on fixed client characteristics (such as DOB, gender, partial SSN, etc.) <input type="checkbox"/> Some other Statewide unique ID <input type="checkbox"/> Provider-entity-specific unique ID <input type="checkbox"/> No, State Management Information System does not utilize a UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohort basis) or State relied on other data sources for post admission data. <input type="checkbox"/> No, admission and discharge records were matched using probabilistic record matching	
<b>T7.5</b> <input type="checkbox"/> Not Applicable, data reported above Why are you Unable to Report? <input type="checkbox"/> Information is not collected at Admission <input type="checkbox"/> Information is not collected at Discharge <input type="checkbox"/> Information not collected by categories requested (Select all that apply) <input type="checkbox"/> State collects information on the indicator area but utilizes a different measure <input type="checkbox"/> Other: Specify _____	



**Performance Measure Data Collection**  
**Interim Standard – Percentage Point Change in Social Support of Recovery**

GOAL	To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change of <i>all clients receiving treatment</i> who reported participation in one or more social and or recovery support activity at discharge.
DEFINITIONS	Change of <i>all clients receiving treatment</i> who reported participation in one or more social and recovery support activities at discharge equals clients reporting participation at admission subtracted from clients reporting participation at discharge.

**For example:**

If the State enters data such as is entered in the table below, the data can be used to calculate both an absolute percentage point change and a relative change.

<b>Social Support of Recovery - Clients participating in self-help groups, support groups (e.g. AA NA etc) (prior 30 days) at admission vs. discharge - T7</b>	<b>Admission Clients (T<sub>1</sub>)</b>	<b>Discharge Clients (T<sub>2</sub>)</b>	<b>Difference</b>
Number of clients with one or more such activities (AA NA meetings attended etc) [numerator] [no TEDS equivalent, see ATR RFA Appendix C.]	11,021	6,701	
Total number of Admission and Discharge clients with non-missing values on social support activities [denominator] [no TEDS equivalent, see ATR RFA Appendix C.]	23,106	23,106	
Percent of clients participating in social support activities	47.7%	29.0%	-18.7%

Thus , there was an 18.7 percentage point decrease (absolute change) in the proportion of clients who participated in social support recovery 30 days prior to discharge.

$$[%T_2 - \%T_1] [29\% - 47.7\%] = -18.7\%$$

The relative decrease in the proportion of clients who participated in social support recovery 30 days prior to discharge is 64.5 percent.

$$[(\%T_2 - \%T_1) / \%T_1] \times 100 \quad [(29\% - 47.7\%) / 47.7\%] \times 100 = -64.5\%$$

**HEALTHY PEOPLE 2010 OBJECTIVES** Related to: Objective 26-9: Increase the age and proportion of adolescents who remain alcohol and drug free; Objective 26-10: Reduce past month use of illicit substances; Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages; and Objective 26-12: Reduce average annual alcohol consumption.

**INTERIM STANDARD FOR DATA COLLECTION** Data should be collected using the elements as follows:  
  
Participation in social support of recovery activities is defined as attending self-help group meetings, attending religious/faith affiliated recovery or self help group meetings, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive

of recovery.

The reported measure will reflect differences in participation in the 30 days preceding admission to substance abuse treatment, and in the 30 days prior to discharge (or since admission if less than 30 days). States should track client-level data by matching admission to discharge records through a unique Statewide client ID.

DATA SOURCE(S)

Primary data collection based on State standard for admission and discharge client data (e.g., TEDS, Addiction Severity Index (ASI), ASI-Lite, etc.).

DATA ISSUES

State instruments may differ from TEDS definitions. States may lack a unique statewide client ID to link admission and discharge records.

FORM

T6

**State Description of Social Support of Recovery Data Collection (Form T6)**

GOAL	To improve clients' participation in social support of recovery activities to reduce substance abuse to protect the health, safety, and quality of life for all.
MEASURE	The change in <i>all clients receiving treatment</i> who reported participation in one or more social and or recovery support activity at discharge.
STATE CONFORMANCE TO INTERIM STANDARD	<p>States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.</p> <p>State collects admission and discharge data on social support of recovery that can be reported using definitions provided as follows:</p> <p>Participation in social support of recovery activities are defined as attending self-help, attending religious/faith affiliated recovery or self help groups, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery.</p> <p>YES _____ NO _____</p> <p>State reported data using data other than admission and discharge data.</p> <p>YES _____ NO _____</p> <p>State reported data using administrative data.</p> <p>YES _____ NO _____</p>
DATA SOURCE(S)	Source(s):
DATA ISSUES	Issues:
DATA PLANS IF DATA IS NOT AVAILABLE	State should provide time-framed plans for capturing social support of recovery data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

**FORM T7: RETENTION**  
**Length of Stay (in Days) of Clients Completing Treatment**

Most recent State fiscal year for which data are available: \_\_\_\_\_

STATE:

LENGTH OF STAY			
LEVEL OF CARE	AVERAGE	MEDIAN	STANDARD DEVIATION
<b>DETOXIFICATION (24-HOUR CARE)</b>			
1. Hospital Inpatient			
2. Free-Standing Residential			
<b>REHABILITATION/ RESIDENTIAL</b>			
3. Hospital Inpatient			
4. Short-term (up to 30 days)			
5. Long-term (over 30 days)			
<b>AMBULATORY (OUTPATIENT)</b>			
6. Outpatient			
7. Intensive Outpatient			
8. Detoxification			
9. Methadone			

**How to complete voluntary Form T7 – Retention**

This form covers care the principal agency of the State purchased **in the State expenditure period** designated on Form 1.

**Length of stay (LOS)** is described by the date of first individual or group addiction counseling service to the date of last contact for each level of care (date at which no additional services are received within thirty days).

Use the column labeled **Average** to report the average (mean) length of stay.

Use the column labeled **Median** to report the median length of stay.

Use the column labeled **Standard Deviation** to report the standard deviation of the length of stay.

Refer to the Levels of Care as defined in the instructions for Form 7A.

**SECTION IV - B**  
**VOLUNTARY PREVENTION PERFORMANCE MEASURES**

**Data requested on the following forms:**

Number of Persons Served (Prevention Form P1)

Number of Evidence-Based Programs, Practices, and Policies (Prevention Form P2)

Perception of Risk/Harm of and Unfavorable Attitudes Toward Substance Use by Those Under  
Age 21 (Prevention Form P3)

Use of Substances During the Past 30 Days (Prevention Form P4)

## GENERAL INSTRUCTIONS

The following set of instructions and optional forms are available for States to complete **on a voluntary basis**. It is understood that, at the current time, not all States have the infrastructure in place that supports the reporting of such data. By participating on a voluntary basis, States can communicate their current capacity to report on the proposed Substance Abuse Prevention and Treatment (SAPT) Block Grant-supported program performance measures and will thus help inform future activities leading towards full implementation of the performance-based Block Grant program.

In completing these voluntary forms, please follow the guidelines below:

1. Include all participants who received services from prevention programs that received some or all of their funding from the SAPT Block Grant.
2. Relevant narrative information that applies to all reported data should be provided in a section preceding the reporting forms. If there is information relevant to only one reporting form, please include it in a section immediately preceding the relevant form and so indicate.
3. States are asked to report these data for the most recent State Fiscal Year (SFY) for which data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State reports SAPT Block Grant expenditures. Please insert the relevant SFY in the indicated area on each form.
4. Please provide as much data as is available for each form.
5. State applicants whose data collection systems are unable to report data in the format requested should contact their State Project Officer to discuss a suitable way to provide the data.
6. **OPTION:** If the State is using a standard statistical package that yields printouts containing the same information as the reporting forms, the State may attach the printouts in lieu of the reporting forms.
7. If possible, please provide the computer files and data tapes along with the application. This will allow for further analysis at the national level. Results of such analyses will be shared with the States and will be used in the development of future performance-based Block Grant program.

***INSERT OVERALL NARRATIVE:*** State applicants should include a discussion of topics relevant to outcome reporting in general. This would include topics mentioned in instructions above as well as any additional information (e.g., data infrastructure needs) that the State deems important.

**PREVENTION FORM P1**  
**NUMBER OF PERSONS SERVED**

1. Include all participants who received services from prevention programs that received some or all of their funding from the SAPT Block Grant.
2. Include participants who received services from programs at any time during the reporting year.
3. Report data for the most recent State Fiscal Year for which the data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State is reporting SAPT Block Grant expenditures in the application being submitted. Indicate the State Fiscal Year chosen for reporting in the appropriate place on the form.



**PREVENTION FORM P1**  
**NUMBER OF PERSONS SERVED**

**STATE:** \_\_\_\_\_

**REPORTING PERIOD: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Persons served in Block Grant funded services include all persons served in prevention programs that receive all or part of their funding through the SAPT Block Grant.

Age	Total	Single Services	Recurring Services	Race/Ethnicity	Total	Single Services	Recurring Services	Gender	Total	Single Services	Recurring Services
0-4				American Indian/ Alaska Native				Female			
5-11				Asian				Male			
12-14				Black/African American							
15-17				Native Hawaiian/ Other Pacific Islander							
18-20				White							
21-25				More Than One Race							
26-44				Unknown							
45-64				<b>Total</b>							
65+				Not Hispanic Or Latino							
				Hispanic Or Latino							
<b>Total</b>				<b>Total</b>				<b>Total</b>			

**PREVENTION FORM P2**  
**NUMBER OF EVIDENCE-BASED PROGRAMS, PRACTICES, AND**  
**POLICIES**

1. Include all prevention programs that received some or all of their funding from the SAPT Block Grant.
2. Include programs that operated at any time during the reporting year.
3. Report data for the most recent State Fiscal Year for which the data are available at the time the application is submitted. In no case should the reporting year be earlier than the year for which the State is reporting SAPT Block Grant expenditures in the application being submitted. Indicate the State Fiscal Year chosen for reporting in the appropriate place on the form. The same reporting year is to be used for all of the voluntary performance measures forms.
4. On Prevention Form P2, evidence-based prevention programs are those programs or practices described in the National Registry of Evidence-based Programs and Practices (NREPP - 1 on Form P2), listed on other Federal agency lists of programs or practices of interest (2 on form P2), programs, practices, and policies that have been published in a peer reviewed journal and found to be effective (3 on Form P2) or other evidence-based programs, practices, and policies that do not fall in the above categories (4 on Form P2). Non-evidence-based programs, practices, and policies should also be listed (5 on Form P2). Provide descriptive material as requested on items 3, 4, and 5.
5. Utilizing the Institute of Medicine (IOM) preventive intervention categories (universal, selective, and indicated), specify the appropriate populations for which the program, practice, or policy was designed.

**PREVENTION FORM P2**  
**NUMBER OF EVIDENCE-BASED PROGRAMS, PRACTICES, AND**  
**POLICIES**

**STATE:** \_\_\_\_\_

**REPORTING PERIOD: FROM**\_\_\_\_**TO**\_\_\_\_\_

Programs include all prevention programs, practices, and policies that receive all or part of their funding through the SAPT Block Grant.

	<b>Program Name and Source</b>	<b>Universal Populations</b>	<b>Selective Populations</b>	<b>Indicated Populations</b>	<b>Total</b>
1.	List NREPP programs or practices below.				
	Subtotal				
2.	List programs or practices from lists recommended by other Federal agencies.				
	Subtotal				
3.	List peer-reviewed journal-evidenced programs, practices, and policies (attach journal citations).				
	Subtotal				

	<b>Program Name and Source</b>	<b>Universal Populations</b>	<b>Selective Populations</b>	<b>Indicated Populations</b>	<b>Total</b>
4.	List the names of other evidence-based programs, practices, and policies (attach source and type of evidence).				
	Subtotal				
<b>TOTAL all evidence-based programs</b>					
5.	List the names and sources of non-evidence-based programs, practices, and policies (attach additional information on the program, practice, or policy).				
	Subtotal				
<b>GRAND TOTAL all programs, practices, and policies</b>					
Percent Evidence-Based (sections 1–4 above)					
Percent Non-Evidence-Based (section 5 above)					

**PREVENTION FORM P3**  
**PERCEPTION OF RISK/HARM OF AND UNFAVORABLE ATTITUDES**  
**TOWARD SUBSTANCE USE BY THOSE UNDER AGE 21**

For Perception of Risk/Harm, SAMHSA has pre-populated the tables with State data from the National Household Survey on Drug Use and Health. States wishing to provide their own data on these items may attach the information as noted in # 6 and #7 of the Voluntary Prevention Measures General Instructions (p. 118).

**Perception of Risk/Harm Items:**

How much do people risk harming themselves physically or in other ways when they:

- (1) Have four or five drinks of an alcoholic beverage nearly every day?
- (2) Smoke one or more packs of cigarettes per day?
- (3) Smoke marijuana regularly?

For Unfavorable Attitudes, SAMHSA has pre-populated the tables with State data from the National Household Survey on Drug Use and Health. States wishing to provide their own data on these items may attach the information as noted in # 6 and #7 of the Voluntary Prevention Measures General Instructions (p. 118).

**Unfavorable Attitude Items:**

How do you feel about someone your age:

- (1) Having one or two drinks of an alcoholic beverage nearly everyday?
- (2) Smoking one or more packs of cigarettes a day?
- (3) Using marijuana once a month or more?

**PREVENTION FORM P3**

**PERCEPTION OF RISK/HARM OF AND UNFAVORABLE ATTITUDES  
TOWARD SUBSTANCE USE BY THOSE UNDER AGE 21**

**STATE:** \_\_\_\_\_

**REPORTING PERIOD: FROM**\_\_\_\_\_ **TO**\_\_\_\_\_

For perception of risk/harm, report the number and percent of the State population who responded "slight risk," "moderate risk," or "great risk" (add the three categories).

For unfavorable attitudes, report the number and percent of the State population who responded "somewhat disapprove" or "strongly disapprove" (add the two categories).

Indicator	Drug	No. of Respondents	Percent of Respondents
Perception of Risk/Harm of Substance Use	Alcohol		
	Cigarettes		
	Marijuana		
Unfavorable Attitudes Toward Substance Use	Alcohol		
	Cigarettes		
	Marijuana		

**PREVENTION FORM P4**  
**USE OF SUBSTANCES DURING THE PAST 30 DAYS**

For this measure, SAMHSA has pre-populated the tables with State data from the National Household Survey on Drug Use and Health. States wishing to provide their own data on these items may attach the information as noted in # 6 and #7 of the Voluntary Prevention Measures General Instructions (p. 118).

**Usage Items:**

During the past 30 days, how many times have you used the following:

- (1) Alcohol?
- (2) Tobacco (cigarettes, snuff, cigars)?
- (3) Marijuana?
- (4) Cocaine/crack?
- (5) Stimulants?
- (6) Inhalants?
- (7) Heroin?

**PREVENTION FORM P4**  
**USE OF SUBSTANCES DURING THE PAST 30 DAYS**

**STATE:** \_\_\_\_\_

**REPORTING PERIOD: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Report the number and percent of the State population who responded having used at least one or more times in the past 30 days.

<b>Drug</b>		<b>12-17 year olds</b>	<b>18-25 year olds</b>	<b>&gt;26 year olds</b>	<b>Total</b>
<b>Alcohol</b>	N				
	%				
<b>Tobacco</b>	N				
	%				
<b>Marijuana</b>	N				
	%				
<b>Cocaine/Crack</b>	N				
	%				
<b>Stimulants</b>	N				
	%				
<b>Inhalants</b>	N				
	%				
<b>Heroin</b>	N				
	%				



## LIST OF FORMS

- 1** Face Page
- 2** Table of Contents
- 3** Funding Agreements/Certifications (PHS 5161)
- 4** Substance Abuse State Agency Spending Report
- 6** Substance Abuse Entity Inventory
- 6A** Prevention Strategy Report
- 7A** Treatment Utilization Matrix
- 7B** Number of Persons Served for Alcohol and Other Drug Use in  
State-Funded Services By Age, Sex, Race/Ethnicity (Unduplicated Count)
- 8** Treatment Needs Assessment Summary Matrix
- 9** Treatment Needs by Age, Sex, and Race/Ethnicity
- 11** Intended Use Plan
- 12** Treatment Capacity Matrix
  
- T1** Employment Status
- T2** Living Status
- T3** Criminal Justice Involvement
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- T5** Other Drug Use
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- P1** Number of Persons Served
- P2** Number of Evidenced-Based Programs, Practices, and Policies
- P3** Perception of Risk/Harm of and Unfavorable Attitudes Toward  
Substance Use by Those Under Age 21
- P4** Use of Substances During the Past 30 Days

**APPENDIX A**

**STATE PROJECT OFFICERS' DIRECTORY FOR  
CENTER FOR SUBSTANCE ABUSE TREATMENT  
CENTER FOR SUBSTANCE ABUSE PREVENTION**

**As of May 1, 2006**

**(The electronic block grant application system (BGAS) will contain up-to-date  
information on each State's respective State Project Officers)**

**LIST OF DESIGNATED HIV STATES**

Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
Division of State and Community Assistance  
Performance Partnership Grant Branch  
Telephone: (240) 276-2890  
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State Project Officer Directory

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Center for Substance Abuse Treatment  
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Performance Partnership Grant Branch  
Telephone: (240) 276-2890  
Substance Abuse Prevention and Treatment Block Grant Program  
State Project Officer Directory

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